Undergraduate Psychiatric Education

Senior Medical Students Study Patients with the Clinical Team

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• **A course in psychiatry for senior medical students, designed to give all members of the class some direct experience, particularly in therapeutic interviewing as well as in total psychiatric study of patients by the clinically integrated work of medical specialists, psychiatric social workers, and clinical psychologists in collaboration with psychotherapeutically trained and experienced psychiatrists is conducted in the following manner: A third of the class, about 25 students, is divided into four sections of six or seven members, and each section attends five hours one forenoon a week for approximately three months. Each student, after an initial demonstration interview by the instructor, sees weekly the same two clinic patients alone, for 45-minute individual interviews, followed by a one and a half hour supervisory session. After this a 50-minute seminar or treatment review conference is followed by a similar period for writing records of interviews and summaries of the therapeutic work. Of four seminars, two are conducted by the psychiatric faculty, and one each by the social worker and the psychologist. Each student reads a written summary of all his interviews with one patient for discussion by his colleagues in the section and by the faculty from all three disciplines.**

THIS PAPER describes a recent change in the instruction of senior medical students at the University of California Medical School, one of the many experiments in undergraduate psychiatric education being carried out throughout the country.[1] A number of definitions of the goals of such instruction have been made. Our statement of goals is as follows.[3]

"The competences of a graduating senior in psychiatry are those which we all hope a good physician might have at the beginning of his fifth year in medicine. They, therefore, include such grounding in the basic sciences, as applied to human disease and to disorder of functioning, that the young physician is ready to begin to study with his patient the nature of the complexity of external and personal factors that determine the illness, so that it becomes progressively clearer to both.

"To obtain his doctorate in medicine, the student will have learned to obtain the history of a patient's present and past illnesses and to have acquired skills in physical diagnosis, supplemented by clinical observation and the evaluation of special laboratory tests. To attain the competences in psychiatry being discussed, he needs to learn, in addition, the skill of interviewing patients to elicit in detail the minutiae of a personal life experience by practice and precept.

"Under the term *interviewing* is included a fairly well integrated skill to obtain an impression not only of the illness, but also of the person who complains of it. Although this is by now in psychiatric and general medicine circles a truism, nevertheless an effective interview with a patient would: (a) Not obstruct a patient's impulse to tell of his illness fully, and yet would obtain all the essential facts of a complete medical history; (b) help the patient overcome any of his reluctance or anxieties about telling his story as he may; (c) reveal as much of the entire complex of the physiologic disturbance as possible, and also the essential facts of the patient's current life situation, and the chronological relation of the illness to any recent specific changes in it; (d) obtain a sufficiently adequate outline of the patient's total biography to get some impression of the relative balance of ego integration and psychopathology, and to place the current illness in this perspective.

"All this requires that the young physician have a sufficient grasp both of psychodynamics and some basic operational skill in elementary psychotherapeutic procedures. This rudimentary psychotherapeutic skill necessarily includes some degree of objectivity with regard to the phenomena of transference. These competences also imply the ability to discriminate positively in some measure, not merely by exclusion of organic disease, between the psychosomatic reactions and nonneurotic processes; and to estimate the degree of psychopathology with a fair amount of accuracy. They imply, too, some knowledge and skill of referring patients to agen-

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cies best equipped to serve the needs of the individual, or to psychiatric specialists, and how to collaborate with them when necessary."

An opportunity to take another step toward teaching these competences occurred in May of 1956 when the course in psychiatry for senior medical students was revised to fit a new curricular distribution of time. This change gave the students the same amount of time in psychiatry but distributed it over a period of eleven and a half weeks instead of three weeks. At the same time the course, which had been given for 12 years at the Langley Porter Neuropsychiatric Institute, was moved to the Adult Psychiatry Clinic of the University of California Medical Center. This move was suggested because the patients available for study in this setting, more than those seen in an outpatient psychiatric clinic, resemble patients seen in general medical practice.

On the basis of experience in transmitting the skills, referred to before, in postgraduate training,[2] our course was organized with individual supervision as its base. Thus an important step was the recruitment of faculty. We found many psychiatrists, experienced in psychotherapy, eager to participate in this form of undergraduate teaching, and were able to assemble a faculty of 32 for a section of 26 students. Organization and continuous effort are necessary on the part of the academic faculty to integrate a large clinical faculty. This is partly achieved in our course by a series of meetings during the year with the faculty of each section and a final annual dinner meeting with the faculty for the entire course.

The senior academic year is divided into three periods of eleven and a half weeks. A third of the class, roughly 26 students, is assigned to psychiatry in sections of six or seven for one morning a week. Since the plan is the same for each, a period's work of only one section will be described. The day before the first day of the section work, the students are given mimeographed material and a brief orientation talk concerning the course. We have made a chart to show the organization of the course:

Hour	Week 1	2	3	4	5	6	7	8	9	10	11
8:00	Student with Patient No. 1										
8:45	Student with Patient No. 2										
9:30	Student with supervisor										
11:00	Seminars					Treatment Reviews					
12:00	Writing period										
12:45											

Across the top is the designated space of time for the period and at the left hand side are the times when shifts in activities occur.

Beginning at 8 a.m. on the first day, the student and his supervisor meet for 15 minutes to get acquainted. Then the supervisor introduces the student and his first patient and demonstrates to the student over the next 45 minutes his technique of psychiatric interviewing. Following this, supervisor and student have a half hour to discuss the interview. At 9:30 a.m. the same process is repeated with a second patient, followed this time by a 45-minute period between supervisor and student. At 11 a.m., in the first 50-minute seminar, a senior faculty member describes the organization of the course, giving details of the requirements, including attendance at meetings, written work, work with patients and suggested reading. An opportunity is given for the students to ask questions.

A period is set aside for writing following the seminar. Each student is expected to describe in detail and in chronological order what occurred during each interview with his patients. These notes acquaint the student's teacher with what happened during the interview and are useful to the student in furthering his understanding of psychopathology, psychodynamics, therapeutic possibilities in interviewing and in the preparation of his treatment review write-up. They are initialed for completion by the section supervisor before the student leaves each day at 12:45 p.m.

Each day after the first, the morning period is arranged in the following way. The student sees each of his two patients for 45 minutes. At the start of his hour and a half individual supervisory session, he presents his longer notes of the preceding week's interviews to his psychiatrist-supervisor-teacher while he writes a brief note in the patients' clinic charts concerning the interviews just completed. The teacher initials the clinic chart notes and then uses the majority of the time to discuss with the student his work with his patients.

On the second day the students have a seminar with the chairman of the Department of Psychiatry, who presents a hypothetical case encountered in general practice and encourages the students to describe their approaches to a patient with psychological conflicts.

The third seminar is given by a psychologist in the Department of Psychiatry who discusses the role of the clinical psychologist and his contribution to the work with patients. Psychological test materials in common use are demonstrated and discussed. One or two examples of psychological testing are provided, using patients chosen from each daily section, before the student presents his treatment review. The results of the tests are discussed with the individual student and he is encouraged to incorporate the findings into his treatment review presentation.

The fourth seminar is given by a member of the Psychiatric Social Work staff. The social worker's

purpose is to provide the students with a brief survey of the philosophy, scope, training and problems of the profession of social work and a beginning knowledge of and experience with community resources and social services.

From this point, the seminars take the form of treatment reviews in which each student is given opportunity to present to his colleagues and members of the faculty his work with one of his patients. He reads a written summary divided into three parts: introductory paragraph, patient's biography and an account of his work with the patient. He is encouraged to present his data in a period no longer than 30 minutes so that the remaining 20 minutes can be used for discussion. The supervisor of the student making the presentation, in addition to other faculty, attends the review. Participation of all students is encouraged by the faculty member who is chairman. In this way the students' learning is broadened by hearing of the work with other patients, and the faculty members have an opportunity to teach and keep abreast of the progress of the work.

Over half of the patients dealt with are referred from within the University Medical Center as a part of their total medical treatment; the rest from the community. About a third come as self-referrals, while another third are referred following psychiatric evaluation in the Adult Psychiatry Clinic. The students themselves refer a few patients from those they treat in the Medical Clinic. We charge a fee scaled to the patient's ability to pay and we accept only patients we consider unable to afford private psychiatric treatment or for whom private treatment is not feasible. Some patients who can afford private medical care are unable to afford psychiatric treatment. Because of this in some instances the students work in collaboration with private physicians in treating their patients.

An attempt is made to have at least one family problem involving an adolescent or preadolescent in each section so that some aspects of child psychiatry might be brought to the attention of the students. No children are accepted who might need playroom therapy, for such facilities are not available.

In the first interview and study of each patient referred to the course, the social worker attempts to formulate with the patient the psychological problems for which he wishes help and to consider with him some of the interrelations of the social, environmental and financial factors of his situation. The manner in which work in the program proceeds, including the fact that his therapist will be a senior medical student working under psychiatric supervision, is explained. A fee for the interviews is set. Groundwork is laid for whatever cooperative work may be indicated with community social agencies. A general agreement is reached with the patient as to what he hopes to gain from the work and what will be expected of him. The goal of the study is to offer the patient an experience in a therapeutic relationship which will nurture his motivation for emotional maturation.

As the person through whom the patients maintain a continuing relationship with our staff, and as the course's link with the community, the social worker is offered daily points of contact with the students in their work. These contacts he attempts to utilize to further their learning of a method of helping patients with emotional problems. The social worker's contribution is woven into the work by chart notes, individual contacts with students and patients, brief participations in student-supervisor conferences and regular attendance at treatment review sessions.

Our experience in the course has been too short to permit conclusions as to its effectiveness with patients and students. Thus far we have observed some changes in teachers, students and patients. Teachers have gradually taken more responsibility by more frequently assuming the chairmanship of the meetings at which students present their reviews of treatment. Some teachers have indicated a decrease in the serious doubts that they had about student effectiveness in working with patients with certain kinds of clinical syndromes. Students have stated both spontaneously and upon being questioned that they benefited from their experience. They do not seem so puzzled about the work of psychiatrists and seem somewhat clearer about the nature and possibilities of psychotherapy.

Our patients have kept 85 per cent of appointments that were possible for them to keep and have tended gradually to remain longer in treatment with the students. Over 20 per cent of the patients remained in treatment for all three periods during the second year of the course as compared with 15 per cent the first year. In all three years we have noted a slight increase in the proportion of new patients remaining for the entire first period, ranging from about 77 per cent in the first year to 85 per cent in the third. (Two factors that must be considered in this are some increase in the selectivity of patients accepted for treatment and a smaller group of new patients each year.) The median number of interviews for which the students saw their patients increased from nine in our first year to 12 in our second.

We have heard of a good deal of progress in the situations of some of our patients. One profoundly disturbed man who had spent long periods in a state hospital has returned to work; other patients have been referred to private physicians after improve-

ment in their income, and still others have improved their grades in school. We have also noted improvement of physical symptoms—relief of anemia in one case. In other cases a diagnosis of organic disease was made, with consequent referral of the patients to other clinics for appropriate treatment. We have not yet heard of suicide or homicide by any of the patients assigned to the students.

We are not under any illusions that the students have learned the technique of therapeutic interviewing. We also realize that so short a time does not permit any resolution of the students' counter transference problems. We do feel, however, that the majority of students have taken a few steps toward the goals mentioned at the beginning of this paper.

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